

INSTRUCTION SHEET FOR APPLICATION FOR REGISTRATION
Under District of Columbia Uniform Controlled Substances Act of 1981

GENERAL INFORMATION

- Please read instruction before completing the application form. Any omitted information will delay your registration.
- Information must be typed or printed.
- The manner in which information is placed on the application on the name and address lines is the way your certificate of registration will read.
- Do not use P.O. Box for address.
- Use the street address of your current or proposed business that has independent activities.
- Be sure to enclose appropriate registration fee. Check or money order should be made payable to the D.C. Treasurer.
- Upon completion of application, retain a copy for your record and mail the original in the enclosed envelope.

ITEM 1: **BUSINESS ACTIVITY**- Check only one. Practitioners must specify medical degree: D.D.S., D.O., D.V.M., M.D., etc.

ITEM 2: **SCHEDULES**- Check all applicable Schedules for which you intend to handle controlled substances, same as listed on federal registration.

Schedule-Examples:

Schedule I: The substances in this schedule have a high potential for abuse; and have no accepted medical use in treatment in the United States or the District of Columbia or lack accepted safety for use in treatment under medical supervision.

Schedule II: The substances in this schedule have a high potential for abuse; have currently accepted medical use in treatment in United States or the District of Columbia, or currently acceptable medical use with severe restrictions; and abuse of the substance may lead to severe psychological or physical dependence.

Schedule III: The substances in this schedule have a potential for abuse less than the substances listed in Schedules I and II; have currently accepted medical use in treatment in United States or the District of Columbia; and abuse of the substance may lead to moderate or low physical dependence or high psychological dependence.

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Schedules IV: The substances in this schedule have a low potential for abuse relative to substances in Schedule III; have currently accepted medical use in treatment in the United States or the District of Columbia; and abuse of the substance may lead to limited physical dependence or psychological dependence relative to the substances in Schedule III.

Schedules V: The substances in this schedule have a low potential for abuse; have accepted medical use in treatment in the United States or the District of Columbia; and if abused has limited physical dependence or psychological dependence liability relative to the controlled substances listed in Schedule IV.

ITEM 3: (a)- If a District of Columbia license or registration permit is required for you to practice or operate within the District of Columbia, please list the license or permit number and **ENCLOSE A COPY OF YOUR CURRENT LICENSE OR PERMIT.**

ITEM 4: **CERTIFICATION FOR FEE EXEMPTION-** Complete this section of the application only if you are an officer or employee of a local or DC government agency. The signature and title of your supervisor must appear on the application. You cannot exempt yourself from payment of the registration fee.

WHO MUST SIGN THE CONTROLLED SUBSTANCES REGISTRATION APPLICATION FORM

- The individual practitioner, researcher or instructor.
- In the case of a manufacturer, distributor, or narcotic treatment program, the officer or employee who is solely responsible for the security, control and accountability of controlled substances.

IF YOU ARE NOT REQUIRED TO REGISTER- Check reason below and return application in the enclosed envelope. You must notify the Bureau of Food, Drug and Radiation Protection immediately if your status changes.

1. () Out of Business
2. () Do not handle Controlled Substances
3. () Attached to hospital, using hospital number
4. () Military, using military number*
5. () Governmental agency, using agency number*
6. () Out-of-state Practitioner

7. () Retired

8. () Other (Specify) _____

*No private practice

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FEES:

The fees listed below are applicable to all manufactures, distributors and dispensers of controlled substances.

Initial Registration	\$50.00
Annual Renewal	\$50.00
Duplicated Certificate	\$20.00
Late Filing Fee	\$25.00
License Validation	\$20.00
Re-inspection	\$100.00